

# EXHIBITORS: -

Footloose Sailing

Provide a wide range of sailing opportunities for the disabled.

- Magic Wheels, Inc.
- Mobility Systems, Inc. Vehicle Modifications for the Disabled
- Wheelchairs Northwest
- Wheelie Team National Wheelchair Sports Awareness Program
- Kiwanis Club of Meridian, Kent
- Northwest Wheelchair Sport
- Quickie/Sunrise Medical
- Chief Seattle Council, Boy Scouts of America

Plus much, much more...



presents the



Saturday, April 24, 2004 8:30 am - 4:00 pm

Chief Sealth High School 2600 SW Thistle (West Seattle)

Jim Martinson, Paralympian Gold Medalist Anthony Anderson, World Wheelchair Tennis Champion Dave Fouquette, Junior Sonics Wheelchair Basketball Coach

Northwest Wheelchair Sport Coaching Staff

### Clinic - New Equipment (Youth & Adults) In:

- Basketball
- Handcycling
- Road Racing
- Track
- Tennis

Co-sponsored By:

**WHEELCHAIRS NORTHWEST** 











# Washington Wheelchair Sports Jamboree

The Washington Wheelchair Sports Jamboree is geared towards individuals who have the ability to follow a sequence of instructions and have adequate upper body control to maneuver a manual wheelchair.

**Please Note:** This is "**NOT**" Special Olympics, which is for the developmentally disabled athlete.

The clinics are an introduction/opportunity for individuals, parents, therapists, teachers, recreation professionals and interested others to learn about competitions in wheelchair sports, as well as equipment. Information on Regional, National, and International Competitions will be available for individuals interested in Sanctioned Competitive Sports or just Recreation. It will also offer information on how a participant could train on their own in the community or school and work towards a sports schoolarship to a University.

**DATE:** Saturday, April 24, 2004

PLACE: Chief Sealth High School

2600 SW Thistle (in West Seattle)

Seattle, WA

**COST:** No Charge for the Jamboree

Lunch provided

**SPORTS PARTICIPANT REGISTRATION:** You can register up to and including the day of the event. If you complete the Registration Form in the brochure and mail it back before **APRIL 2, 2004** you will receive a <u>FREE T-shirt</u>.

MAIL TO: Seattle Parks & Recreation Department

Specialized Programs Section Attention: Nick Bicknell 8061 Densmore Avenue North

Seattle, WA 98103

QUESTIONS: Call Nick Bicknell at (206) 615-0617 or

e-mail nick.bicknell@seattle.gov

# **Day of Registration:**

#### 8:30 am

Registration & Pre-RegistrationCheck-In/Schedule

9:00 am - 3:00 pm Opening

**Clinics:** Track - Handcycling - Road Racing - Tennis - Table Tennis - Basketball

Lunch (provided by Kiwanis)

Prizes, Ruffles

3:00 pm - 4:00 pm Demonstration/Closing

Surprise Men's Wheelchair Basketball Team vs. Wheelie Team Wheelchair Basketball Team (You won't want to miss this annual Jim Martinson "grudge" match!)

### 8:30 am - 1:30 pm

**Exhibitors** 

Programs, Individual/Team Information, etc.

If you are interested or know anyone who might be interested in being an Exhibitor at this special event - please contact Wendy Leatherman at (206) 853-6371 or wleatherman@hotmail.com



# Washington Wheelchair Sports Jamboree

# SATURDAY, APRIL 24, 2004

This event is open to the public!
If you're not a sports participant, you do not need to register.

Please Print

Name _					
	First		Last		
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Home Ph	one (	)			
Work Pho	one (	)			
E-mail: _					
Youth Scl	hool:				
Parent / 0	Guardian I	Name:			
Have you	compete	d before?	□Yes	□No	
If yes, wh	at sports:				
One (1) F	ree T-shii	t: Please	check T	-shirt size	9
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EMBILITY RELEASE: I unlockers, employees, and volunteers assume no financial obligation or liability in the case of my child's accident or illness. If I, or anyone on my or my child's behalf, makes a claim against the City of Seattle, its' Department of Parks and Recreation, the Advisory Council or their officers, employees, and volunteers arising out of or related to my child's participation in Parks Department program, I agree to indemnify and save and hold them harmless from any litigation expenses, attorney's fees, loss, liability, damage, or costs they may incur due to the claim made against any of them, whether the claim is based on their negligence of otherwise. I sign this agreement on my behalf and on behalf of my personal representatives, assigns, heirs, and next-of-kin. I hereby give my permission for emergency treatment for my child and assume financial responsibility for such treatment.

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Name	
Signature	
Youth Name:	_
Parent/Guardian Signature:	_
Date:	

NOTE: We are not responsible for lost, stolen, or damaged articles.